



Sent via e-mail to: joyceburke@zitomedia.net
MAILING DATE: March 4, 2020

Ms. Kimberly Jones
Administrator
Guy and Mary Felt Manor Inc.
110 East Fourth Street
Emporium, Pennsylvania 15834

RE: Guy and Mary Felt Manor
License #: 231190

Dear Ms. Jones:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on February 4, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: GUY AND MARY FELT MANOR

License Number: 23119

Address: 110 EAST FOURTH STREET,, EMPORIUM, PA 15834

County: CAMERON

Region: NORTHEAST

Administrator

Name: Joyce Burke

Phone: 8144863736

Email: JOYCEBURKE@ZITOMEDIA.NET

Legal Entity

Name: GUY AND MARY FELT MANOR INC

Address: 110 EAST FOURTH STREET, EMPORIUM, PA, 15834

Certificate(s) of Occupancy

Type: C-1

Date: 02/17/1972

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 10

Waking Staff: 8

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

02/04/2020 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 10

Residents Served: 9

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 9

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1

Have Physical Disability: 0

65f - Training Topics

Regulations

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff person A did not have training in the following required annual topic for 2019: Meeting the needs of the residents as described in the preadmission screening form, the support plan, and the medical evaluation.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Why did it happen: This incident occurred because I (the administrator) did not check the training topics as I usually do.

What do we do right now to fix the problem: I am responsible for fixing this problem. Effective immediately; I have gone through the regulatory compliance guide and ensured I have all the training topics that the staff needs to be trained in. It was already on my 2020 training plan. I plan on doing this training on February 14, 2020 along with another training to ensure the staff is up to date on this topic.

How do we prevent this from happening again: I will check each training plan each year and ask one of the staff to double check the listings. Each training session will have a number along with it and it will be added to the staff sign in sheet ensuring all training topics are accounted for. This will be implemented immediately and monitored by the administrator.

Legal Entity Representative


Signature

Joyce Burke, Personal Care Home Administrator
Printed Name and Title

2/14/2020
Date

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The above plan of correction is approved as of 2-27-2020
(Date)

Plan of correction implementation status as of 2-27-2020
(Date)

Implemented

Not Implemented

The above plan of correction was approved by MM
(Initials)

132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

Through staff and resident interviews it was determined that residents do not evacuate outdoors during drills held in cold weather. Residents and staff indicated that they gather at the exit doors but do not exit. The home's most current fire safety inspection letter dated 10/22/19 indicates that the home does not have fire safe areas.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Why did this happen: This occurred due to the fact the weather is cold and the residents complain about having to go outside.

What do we do right now to fix the problem: The administrator plans on having a meeting with the residents, staff, and families to let them know that from February on any fire drill we have they (the residents) will have to evacuate outside of the facility and go to the appropriate meeting place. I will ask the families to ensure the residents are prepared for the winter weather with a long wrap around robe and slippers with rubber soles on them. Staff will also make sure the residents have a wrap around blanket. Those residents that are unwilling to comply will be given a warning. After three warnings a resident will be given a 30 day notice of discharge for noncompliance. This meeting will occur 2/27/2020

How do we prevent this from happening again: As of February 2020 the staff and the administrator will remind residents that they are to evacuate outside to the appropriate meeting place. The administrator will emphasize upon admission of new residents that it is mandatory to evacuate outside of the facility and that they be prepared to evacuate outside in any weather conditions. The administrator will monitor for compliance.

Legal Entity Representative

Joyce Burke
Signature

Joyce Burke, Personal Care Home Administrator 2/14/2020
Printed Name and Title Date

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The above plan of correction was approved by MM (Initials) Implemented Not Implemented

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The Anoro Ellipta inhaler for resident #1 was not dated when the inhaler was opened for use. According to the manufacturer's instructions, the inhaler should be discarded 6 weeks after removal from the foil wrap for use.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Why did this happen: As the administrator I was unaware that the box of the inhaler needed to be dated when opened. As this item is used daily it has never been unused for 6 weeks. At most it is only used for 30 days then replaced.

What do we do right now to fix the problem: The administrator immediately posted a notice on February 4, 2020 notifying staff that any medication that is foil wrapped or comes in a box such as inhalers, eye drops, etc. is to be dated with the date they open the box. The administrator will monitor for compliance.

How do we prevent this from happening again: The notices will continue to hang in the office and above the medication cart. This information will also be included in the medication administration training.

Legal Entity Representative


Signature

Joyce Burke, Personal Care Home Administrator

Printed Name and Title

2/14/2020

Date

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Plan of correction implementation status as of 2-27-2020 (Date)

Implemented

Not Implemented

The above plan of correction was approved by MM (Initials)

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The medication administration record was not initialed by staff person B after the staff person administered medications at 8am on 2/4/2020. The following medications were administered but not marked as administered: Polyethylene glycol powder, Myrbetriq ER, Trelegy Ellipa Aerosol, and Vitamin D3.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Why did this happen: The staff person mentioned is a part time employee and (in my opinion) was very nervous about messing up during the audit. All other residents were signed for, she must have just overlooked that page.

What do we do right now to fix the problem: The staff person mentioned in this violation has been re educated in the proper ways of medication administration and will now sign the MAR as each medication is administered. The administrator will monitor for compliance.

How do we prevent this from happening again: All staff will be warned about signing for medicaions as they are administered. Medication administration training will be updated to include this in the annual training process. Staff members who do not comply will be given verbal warnings.

Legal Entity Representative


Signature

Joyce Burke, Personal Care Home Administrator

Printed Name and Title

2/14/2020

Date

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